

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470

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LOBBYIST REGISTRATION FORM (See back of this form for instruction)

(See back of this form for instructions)

PART I LOBBYIST		be of Frint Clearly)			
NAME(Last)	(First)	(Middle)			
TOYOFUKU	ROBERT	(Middle) S.		TELEPHONE 808-524-4155	
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)	
1000 Bishop S	t., Ste. 902	Honolulu	ні	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE					
Advocates				808-524-4155	
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)	
1000 Bishop S	t., Ste. 902	Honolulu	HI	96813	
PART II ORGANIZATION					
NAME OF ORGANIZATION YOU LO		ate)		TELEBUONE	
Consumer Lawyers		-10,		TELEPHONE	
MAILING ADDRESS (Street)	or nawarr	(City)	(State)	808-599-2769	
1088 Bishop St.,	Ste. 1111	Honolulu	HI	(Zip Code) 96813	
NAME OF PERSON RESPONSIBLE	FOR PREPARING ORGAN			TELEPHONE	
Cindy Adair	,		The Principal V		
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)	
1088 Bishop St.,	Ste. 1111	Honolulu	HI	96813	
				70013	
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	Education	Human Services		Science, Technology & Conomic Development	
Communications & Public Utilities	Government Operation	tions & Intergovernment International Affa		ourism & Recreation	
X Consumer Protection & Commerce	Hawalian Affairs	X Labor & Employr	mentT	ransportaion	
Culture, Arts, Historic Preservation	Health	Planning, Land & Use Managemen	Water X C	Other: (indicate below)	
Ecology, Energy,	Housing	Public Safety & C		TORT LAW	
Environmental Protection				***************************************	
DART IV CERTIFICATION OF LORDVICT					
PART IV CERTIFICATION OF LOBBYIST Hiereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
of land	na Dala	. Δ	_ `		
COST (S	ignature of Lobbyist)	· (}	Mun 1	0, 2003	
				1	
PART V AUTHORIZATIO	N TO LOBBY				
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED			
Cin 4 y Adair		Execu	tive Direct	·	
NAME OF ORGANIZATION (if applic	•			TELEPHONE	
Consumer Lawyers	of Hawaii			808-599-2769	
MAILING ADDRESS (Street)	Q1 . 4144	(City)	(State)	(Zip Code)	
1088 Bishop St.,		Honolulu	HI	96813	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.					
(umhu) (idan)			1-30-03		
(Signature of Authorizing Officer or Person Represented)			(Date	(Date)	

(Signature of Authorizing Officer or Person Represented)